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2, Av. Velasquez, Paris 8e

Telegraphic Address :
Licross 37-Paris

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XVth INTERNATIONAL RED CROSS CONFERENCE, Tokyo, October 1934.

Red Cross Help in Indian Disaster

On January 15th, one of the most picturesque regions of India, immediately south of the Himalayas, was visited by an earthquake of a violence never before experienced in a country hitherto relatively immune from this form of natural disaster. Several towns in the Independent State of Nepal and the province of Bihar and Orissa were reduced practically to ruins, and the panic-stricken inhabitants fled in all directions. A further series of tremors on January 20th caused considerable alarm in Benares, Cawnpore, Patna and Muzaffarpur, which had already suffered severely in the first shock. So conflicting are the reports that it is impossible as yet to gauge the true extent of the disaster, but the material damage is tentatively computed at seven and a half million pounds. The total death roll has been variously estimated at from 6,000 to 15,000, but a cable received at League headquarters on January 24th from the Indian Red Cross does not go beyond the figure of four thousand. The earthquake was followed in many places by flood, and by a complete break-down of communications.

Desperate efforts were at once made by the army and medical authorities to re-establish communications so that relief could be rushed to the sufferers, and the Government despatched relief aeroplanes to the scene. Six emergency centres were set up at Monghyr (Bihar and Orissa Province), but the work was considerably hampered by the fact that the local hospitals and dispensaries had, in many cases, disappeared in the catastrophe. Offers of assistance were made by the Indian Red Cross and St. John's Ambulance Association, the Commander-in-Chief of the British Forces in India, the Indian Medical Association, and other bodies. The Indian Red Cross was one of the first agencies to get to work in the stricken area. In addition to the efforts which Red Cross units undertook locally, the Society turned over a sum of 5,000 Rupees to the relief fund set up by the Viceroy.

As soon as news of the catastrophe reached Europe, the machinery of the International Relief Union was set in motion. Telephonic consultations were held between the individual members of the Union's executive committee and the international Red Cross bodies responsible for the executive side of the work of the Union. On January 18th, the India Office in London was informed that an advance of £1,000 could be made at once in order to assist in the emergency phase of the relief operations. This offer was gratefully accepted and the amount was transmitted the following day by cable to the Indian Red Cross Society at Delhi.

The communiqué issued by the International Relief Union on January 19th concluded as follows:

"The Executive Committee of the Union has no permanent funds at its disposal for relief purposes and is now appealing for the first time to the public for support. It is hoped that the response will be immediate and generous. The needs are necessarily great when a disaster on a large scale occurs in a country like India where the standard of living is low and the margin available in emergency correspondingly narrow.

"Donations may be either addressed direct to the Indian Red Cross, Talkatora Road, New Delhi, or transmitted through the International Relief Union whose bankers in Geneva are the Lloyds National Bank and the Banque de Paris et des Pays-Bas".

On January 23rd, the twenty-seven Governments which are members of the Union were asked by a telegram from Senator Ciraolo, Chairman of the Executive Committee, to give active encouragement and support to the action which had meantime been set on foot by the international Red Cross bodies.

The International Red Cross Committee and the League, on January 22nd, received confirmation from the Indian Red Cross Society of the gravity of the disaster, and at once issued a telegraphic appeal to a certain number of national Red Cross Societies, urging them to assist the Indian Red Cross to grapple with the emergency, by forwarding contributions either directly or through Paris or Geneva.

By January 29th, the following contributions had been notified:

American Red Cross	. . . . .	$10,000	
British »	. . . . .	$500	
Greek »	. . . . .	40,000	drachmae
Siamese »	. . . . .	1,000	bahts
Spanish »	. . . . .	10,000	pesetas
Yugoslav »	. . . . .	10,000	dinars

The South African Red Cross, which is at present grappling with a flood emergency of its own, has opened a public subscription for the Indian earthquake sufferers.

Ernest J. Wright

A Message to Estonia.

To celebrate the fifteenth anniversary of its foundation, the Estonian Red Cross has constituted a special album, for which the following message was sent by the Secretary-General of the League of Red Cross Societies:

The idealism which pervades the Estonian Red Cross is indeed a model and an inspiration for which the members of the League of Red Cross Societies could not express too highly their admiration and gratitude. The Estonian Red Cross, in celebrating its fifteenth anniversary, may well be proud of the manner in which it has implanted the moral force of the Red Cross in the hearts and conscience of the people of Estonia.

Obituary.

The League Secretariat has learned with regret of the death at Hemel Hempstead (England), on January 5th, of Sir Evelyn Wallers, K. B. E., former president of the Transvaal Chamber of Mines, who, for many years, represented the South African Red Cross Society on the Board of Governors of the League.

New German Red Cross President.

On December 2nd last, Marshal von Hindenburg appointed H. R. H. the Duke of Saxe-Coburg Gotha as president of the German Red Cross in succession to Herr von Winterfeld-Menkin, whose resignation was announced in the January issue of the Bulletin.

The new president is 49 years of age, and is the grandson of the late Queen Victoria of England. He is thus related to most of the reigning families of Europe. He rose to the rank of General during the Great War and, after the revolution of November 1918, concentrated his efforts and political influence on the rehabilitation of his country. He eventually became a keen supporter of the National Socialist movement, and a personal friend of Hitler.

He is a member of the Kaiser Wilhelm Society for the Advancement of Science. His Royal Highness is not a newcomer to the Red Cross, having been for many years the patron of the Red Cross in the Duchy of Coburg and Gotha.

The Duke is well-known in England, where he spent a great part of his youth and was educated. He is a *doctor honoris causa* of Oxford University.

An Interesting Anniversary.

On December 16th last, an official ceremony was arranged by the Central Committee of the Netherlands Red Cross to celebrate the 25th year of office of its president, H. R. H. Prince Henry of the Netherlands. After congratulatory speeches by the vice-president and the *doyen* of the Central Committee a presentation was made to His Royal Highness, together with an album containing the names of the donors. Prince Henry thanked the assembly in the most cordial terms, and then proceeded to the award of honorary distinctions.

The ceremony was followed by a luncheon of 250 covers and a reception at the headquarters of the Society. A high official of the Court presented the Prince with a silver tray in the name of Her Majesty the Queen and with a gift from H. R. H. Princess Juliana. H. M. the Queen Mother and several government notabilities sent flowers.

The Minister of National Defence handed to Prince Henry, on behalf of the Government, a medal set in brilliants, specially struck for the occasion.

On January 9th, a dinner was held in honour of His Royal Highness by past and present members of the Central Committee of the Netherlands Red Cross.

Appointment of Relief Experts.

On December 22nd last, the Central Committee of the Bulgarian Red Cross nominated its vice-chairman, Mr. St. N. Laftchieff, to serve as Bulgarian expert to the International Relief Union.

The Greek Red Cross has notified the League Secretariat of the nomination of Mr. Miltiade Negroponte, member of its Relief Committee, as Greek expert to the I. R. U.

The Lagny Rail Catastrophe.

On the occasion of the railway disaster which, at the eve of Christmas, cost some two hundred passengers their lives, the Secretary-General of the League addressed the following message of sympathy to the President of the French Red Cross:

On behalf of the League of Red Cross Societies, the Secretary General begs the President of the French Red Cross to convey to the Central Committee of his Society the heartfelt sympathy of the National Societies members of the League for the terrible railway accident which has just plunged France into mourning. The national Red Cross Societies have been deeply moved by this tragic occurrence and the League Secretariat joins with them in offering the French Red Cross its most sincere condolences.

Industry Supports Highway First Aid.

The directorate of a large industrial concern has offered to assume the expense of establishing a certain number of first-aid posts on a section of "International Route No 3", linking The Hague to Gibraltar.

In a letter to the League Secretariat announcing this decision, the firm writes:

The relief action undertaken by the national Red Cross Societies on behalf of the victims of road accidents strikes us as being extremely important and deserving of the support of all industries interested in the development of means of communication. We therefore intend to direct the attention of all the companies affiliated to our house to the desirability of lending their support to the national Red Cross Societies in their respective countries. We are happy to contribute, in this way, to the movement for rendering prompt aid to victims of road accidents.

In Praise of the Junior Red Cross.

In an address to the Women Teachers' Association in Toronto last December, the Canadian Premier (the Rt. Hon. R. B. Bennett) paid a generous tribute to the work of the Junior Red Cross and stressed the part which the rising generation can play in the maintenance of world peace.

Now that science has annihilated distance, he said, the responsibilities of citizenship have been extended far beyond the national boundaries and it behoves everyone to learn something of the play of forces which influence and govern international problems. Through the Junior Red Cross, the children of today are brought into contact with the youth of other lands and are thus able to develop a broad world viewpoint without prejudice to the natural loyalty which they owe their own country.

Sir Eric Drummond, shortly before his retirement from the post of Secretary-General of the League of Nations, paid a remarkable tribute to the Junior Red Cross :

The work of the Junior Red Cross is helping in many ways to increase among the different nations knowledge and understanding one of another. This is the true basis of international peace, and to strengthen it is one of the greatest services that any individual can render both to his own country and to the world. I and all who are working for peace cannot but wish all success and prosperity to the Junior Red Cross.

BELGIUM

For the Cold and Hungry

''Come in and have a warm and a feed'' is the invitation on large black and red posters outside five new Red Cross free canteens in Brussels. These canteens form part of a nation-wide scheme for relieving victims of the cold, which also comprises the organization of workrooms, distributions of garments and heated shelters. The food supplied in the canteens has been donated to the Belgian Red Cross by several large stores in Brussels. It will be recalled that similar action was taken by the Society last year during the period of intense cold.

Red Cross Week 1934

The theme selected for this year's Red Cross ''Week'' (which will be held throughout Belgium from March 18th to 25th) is ''The Prevention of Accidents''. The well-known artist, Toussaint, has designed a special poster depicting the emergency relief activities of the Red Cross, and collections of post-cards on the same subject will be offered for sale during the Week.

BRITISH EMPIRE

Southern Rhodesia

Three months ago, the League Bulletin announced the formation of a branch of the British Red Cross Society in Swaziland. Now comes news that another branch has been established in Southern Rhodesia.

A well-conceived programme, consisting of health lectures and special courses for women and girls, has already been set on foot, and a Junior Red Cross section has been organized. An appeal for members to form voluntary aid detachments has met with an enthusiastic response.

Gold Coast

In his article on page 26 of the present issue of the Bulletin, Mr. Selwyn-Clarke, Director of the Gold Coast Branch of the British Red Cross Society, lays stress on the importance of a well-organized Junior Section in any scheme of health or racial uplift.

No fewer than 14 of the sixteen ''Links'' in the Gold Coast were represented at the first Junior Red Cross Conference ever held in the Colony. The 47 visiting delegates were the guests for a long week-end of Link No. 3 at Achimota College, Accra. The meetings were attended by teachers, pupil teachers, and pupils from secondary and primary schools. Some came from Kumasi—a 12 hours rail journey; others arrived in lorries. But all were equally delighted with this opportunity of reporting on the work of their Links and learning more about the Red Cross movement. The Government manifested its interest by according special travelling facilities to the delegates.

The first day of the Conference was taken up by visits to the Social Service centres of the Achimota Link, and a magic-lantern display of Red Cross slides. The opening session was held on the evening of November 24th 1933, under the auspices of His Excellency the Governor, who is the Patron of the Branch. The Colonial Secretary was also present. The Branch Chairman presented to the Governor a representative of each Link, giving in each case a brief report of the Link's activities. These include the running of dispensaries and infant welfare clinics, the construction of roads and drains, and the making of sandals from old motor-tyres. Later in the evening, members of the Achimota Link gave a health play entitled ''Friends and Foes''.

At subsequent meetings, the delegates discussed their difficulties and exchanged ideas. It was found that four boys in one Link had obtained Junior Red Cross certificates in Hygiene and Sanitation, and twelve girls in another Link had been awarded certificates in First Aid. It was resolved that a school desiring to form a Link should be required to produce evidence of at least three months' soical service, and that badges should not be issued to new members until they had earned them.

There was a discussion as to how the interest of members could best be maintained after school-leaving age; it was suggested that they might become associate members of the Senior Section and that they should be encouraged to take Red Cross courses. The Honorary Secretary of the Junior Section was requested to take steps to produce a local Red Cross magazine, which it is hoped will stimulate both the Links and their former members. It was agreed that the Conference should be made an annual event.

FRANCE

New School of Nursing

The S. S. B. M. (French Red Cross) has inaugurated a school of nursing to prepare woman missionaries for the State diploma. The minimum duration of the course is twenty-two months but students are advised to continue their studies for another year in order to obtain the diplomas of social worker, child welfare nurse and colonial nurse.

GERMANY

Nursing Services

The report of the German Red Cross nursing service for 1933 shows that there are 9,789 nurses on the registers of the Society. Some 3,500 of these, in addition to their general training, have followed specialized courses in surgery (702), radiology (306), laboratory work (109), dispensing (24), midwifery (236), child welfare (634), dietetics (102), clerical work (245), hospital administration and management (436), kindergarten administration (154), teaching (78), nursing administration and supervision (527).

Red Cross nurses are engaged in the following institutions: Red Cross hospitals (683), State or municipal hospitals (2569), other hospitals (2292), university clinics (770), army hospitals (72), lying-in hospitals and maternity homes (159), children's infirmaries, nurseries, etc. (151), children's homes, crêches, kindergarten (69), orphanages (14), lunatic asylums (88), rural clinics (442), public health nursing services, town and country (216), industrial nursing services (15), private nursing (166).

Service in Epidemics A striking example of the value of a well-trained corps of voluntary aids in the event of public emergency is provided by the record of work of the German Red Cross "Civilian Preparedness Service" (Bereitschaftsdienst) in connexion with an influenza epidemic in the Berlin area last winter.

In one hospital, 130 patients were admitted during the first three days of the epidemic, and the probelm of their accommodation became acute. Every available scrap of space was utilized, and even the lecture hall had to be transformed into a ward. The Red Cross depôt at Neubabelsberg was notified by telephone and immediately sent the necessary furniture and medical equipment for a temporary additional hospital which three days later was ready to receive patients.

The staffing of the emergency wards presented another problem and this too was solved by the Red Cross. Nine woman Samaritans were called in by telegram to take the place of the probationer nurses, who were thus enabled to devote all their attention to relaying the trained nurses in caring for the sick. A few hours later, the Samaritans were joined by a number of Red Cross nurses' aids.

Thanks to this prompt action of the Red Cross, it proved possible to increase the capacity of the hospital in two days by some 150 beds. So smoothly was the whole operation carried out that the patients noticed nothing of the transformations which were taking place.

Red Cross Kindergarten Last, year the German Red Cross was running 619 kindergarten, as against 629 the previous year. "We are often asked", writes the directress of a Red Cross kindergarten in a tiny Thuringian village, "how we provide for the upkeep of our institution. The answer is that everyone lends us a hand, from the provincial, communal and ecclesiastical authorities downwards. The mothers do the cleaning and the men give the children free outings. The most eager to help are the small boys of the neighbourhood who, when the garte is empty, sally forth with barrows and return with wood and coal collected from house to house. The better-off families pay one mark a week for the use of the institution, while the poorer folk are charged 75 pfennigs or even less".

GREECE

School of Nursing At the beginning of the new school year important changes were introduced into the curriculum of the Greek Red Cross School of Nursing which will have a far-reaching influence on the training of nurses in Greece. The training will include three full years of study, throughout which greatly increased emphasis will be laid upon the preventive and social aspect of disease. The first two years of study will be the same for nurses being trained for the care of the sick in hospitals and for Public Health nurses. In the third year nurses destined for Public Health work will specialize. Probationers will continue to be in residence in the School throughout their three years' training.

Educational Lectures Each year, in collaboration with the Society for the Propagation of Useful Books, the Greek Red Cross organizes lectures for mothers and girls. This winter, the lectures deal with infant and child hygiene, and domestic education. Each lecture is followed by a debate, in the course of which mothers analyse the results of their personal experiences in bringing up children.

HUNGARY

Doll-Dressing Competition A short while ago, the Hungarian Junior Red Cross Section organized a competition among its members for dolls dressed in national Hungarian costume and bearing a message of greeting to Juniors in other lands, the object being to stimulate inter-school correspondence. The entries were shown at the annual bazaar held by the Section, where they excited general admiration.

The prize-winning dolls have been forwarded to the League Secretariat, which has been asked to have them sent on to the countries for whose Juniors they are destined. Each doll represents a different phase of the national life of Hungary, and constitutes a veritable work of art.

IRAQ

Pioneer Work for Women The Women's Section of the Iraqi Red Crescent was constituted by Lady Humphrys, wife of the British Ambassador to Iraq, in February 1933. The first group was designated "The Royal Class", and consisted of Their Royal Highnesses the Princess Aza and the Princess Rajah (daughters of the late King Feisal) and some of their personal friends. The late King was intensely interested in the movement, and it was a source of deep gratification to him that his daughters should lead the movement for raising the standard of health and nursing in Iraq.

An English nurse (attached to the Royal Air Force Nursing Service) generously volunteered her services as lecturer to the group, the necessary facilities being accorded for her to visit the Royal Palace in Baghdad, where the classes were held weekly. In April and October, 1933, at the conclusion of the course of instruction, two practical demonstrations were arranged. The examiners were greatly impressed by the enthusiasm, high standard and ability displayed by the pupils. So keen were they to learn that the classes in First Aid and Home Nursing were continued through the hot weather.

The interest manifested by the women in the Red Crescent movement was so widespread that, last October, through Lady Humphrys' intermediary, two lady lecturers were brought out from England. They are now conducting classes in First Aid and Home Nursing at the Royal Palace and among the teachers and students in the Girls' Schools, and have organized courses in Mothercraft for married Iraqi ladies. Three courses of lectures will be given, and certificates will be awarded at the completion of each course.

The British Red Cross Society has donated a magic lantern, films and literature to help in the teaching of these subjects. A complete Mothercraft Nursery equipment has also been brought out from London.

It is hoped that the educated women trained in

these courses will be inspired to pass on their knowledge to their fellow country-women in the remoter towns and villages.

ITALY

Gift to League

The Junior Section of the Italian Red Cross has presented to the League Secretariat, for inclusion in its permanent Junior Red Cross exhibit, two inter-school correspondence albums and two dolls in national costume, the work of schools in Vibo Valentia, Verona, Siena and Turin respectively. The quality of the work is very high indeed.

JAPAN

Red Cross Days

On November 15th last, the Japanese Red Cross held its first 'Day'. This date was chosen because it is the anniversary of the ratification by the Japanese Government of the Geneva Convention in 1886.

In point of fact, the manifestation lasted three days and proved an unqualified success. The newspapers published articles relating to the Red Cross, and the director of the medical service at the War Ministry broadcast a talk on 'The Army and the Japanese Red Cross'. Throughout the country, lectures and cinema shows were organized in honour of the Red Cross, and medical consultations and treatment were given free of charge in the Society's institutions. Members of the Ladies' Committee paraded the streets selling Red Cross pins.

LATVIA

Recent Developments

Of the new Red Cross Societies constituted since the end of the Great War, that of Latvia is among those which have grown the most rapidly. Each report announces some new undertaking. Its latest development is the construction of two buildings, one designed to serve as a store depôt and orthopædic workshop, the other as an isolation pavilion for infectious cases from the Rezekne hospital. The first is the forerunner of a block of buildings to be edified in proximity to the Red Cross hospital in Riga, and which will eventually comprise a garage for motor ambulances and a hydrotherapic treatment centre. Plans have been completed for the construction of a new school of nursing to accommodate the constantly increasing number of student nurses.

Twenty-two Red Cross nurses took their diploma in 1933; ten of these are following the additional course of training for work in the Society's health centres. Two new health centres were recently inaugurated, one at Rugaji, the other at Smiltene, bringing the total number to 55.

The unemployment relief committee at Riga has now been placed under the patronage of the Latvian Red Cross.

At an anti-tuberculosis congress, held last October in Riga, a tribute was paid to the efforts of the Latvian Red Cross in combating this disease. The Society took part in the exhibition arranged in connexion with the congress.

LITHUANIA

Literature for the Young

To encourage national writers in prose and verse to direct more of their talent to producing good reading matter for the young, the Lithuanian Red Cross has instituted an annual prize of 1,000 lits for the best children's book of the year.

NETHERLANDS

Transportation Methods

H. R. H. Prince Henry of the Netherlands, and other members of the Central Committee of the Netherlands Red Cross, recently attended the first showing of a film on transportation of sick and wounded, produced by Dr. Molema and Mr. Dyckhof.

In this film, every conceivable form of transport is depicted: motor ambulances, air ambulances, an ordinary motor lorry converted into an ambulance for four horizontal and two seated patients, a stretcher on wheels light enough to be carried, when folded, by two men on bicycles, and, finally, methods of evacuating wounded soldiers from the trenches under fire. A highway first aid post is also shown.

The captions are particularly well chosen. Here are a few of them: ''The Red Cross is ready to help all men, at all times''. ''Safe and rapid transport is a humane necessity''. ''The injured should be safeguarded against infection and cold. Therefore, rapid transport may be a matter of life and death for the individual, in war or in peace''.

At the conclusion of the demonstration, General Jonkheer Roell, vice-president of the Netherlands Red Cross, congratulated the authors and producers on having conceived a remarkable piece of propaganda which would, at the same time, serve as a valuable educational medium in the training of Samaritans.

Further details in regard to this film may be obtained from the Secretariat of the League of Red Cross Societies.

NORWAY

Blood Transfusion

The Red Cross of Norway, at its annual assembly last year, resolved that early steps be taken to start a blood transfusion service in Norway. On October 14th, 1933, the Society inaugurated its first blood transfusion centre in Oslo, which, it is hoped, will be the forerunner of several similar centres in different parts of the country.

PERU

Junior Health Week

From September 25th to 30th, 1933, a Health Week was organized in Lima by the Junior section of the Peruvian Red Cross. In all the functions arranged in connexion with the Week, stress was laid on the friendly international relations engendered by the Junior Red Cross.

The major part of the programme consisted in a series of lectures on health subjects given by professors, students and medical authorities.

Commercial houses entered generously into the spirit of the manifestation by donating supplies of soap, tooth-brushes, tooth-paste and pencils for distribution among the children.

Exhibition of Work

With a view to acquainting Red Cross leaders and directors of schools with the different activities of the Junior Red Cross throughout the world, the Peruvian Red Cross Society has decided to organize an exhibition and has asked the Junior Sections of other national Societies to send material illustrating their work.

It is anticipated that this exhibition will greatly stimulate the development of the Junior Red Cross in Peru, and in particular will give suggestive ideas for future activities.

PHILIPPINE ISLANDS

The Red Cross at Work

The Philippines Chapter of the American Red Cross has come to occupy so important a place among the health organizations of the Islands that the Government Health Bureau recently devoted an entire number of its monthly review to the Red Cross, urging its readers to support the movement.

In addition to an already extensive programme of activities, the chapter has now assumed responsibility for the activities formerly undertaken by the Philippine Anti-Leprosy Society. Appreciable economies have been effected by bringing this work under Red Cross direction.

Another new departure is the recent establishment of a health and social centre in the Tondo district of Manila. This institution, staffed with six Red Cross nurses, a Red Cross dentist and a physician appointed by the Bureau of Health, is handling hundreds of cases weekly. Red Cross "municipal auxiliaries" in every district are launching a new programme of rural nursing on a large scale to cope with the prevailing ill-health and economic distress which are assuming alarming proportions in many of the remoter parts of the archipelago.

Recognizing that much of the ill-health in the Islands can be traced to defective teeth the Red Cross organized a dental service for children some twelve years ago. This service is supported by the Junior Red Cross, which has a membership in the Philippines of more than one million school children. The dentists attached to this service travel all over the country and, last year, extracted 313,434 teeth.

In a public proclamation in connexion with the annual Roll Call last November, the Governor-General of the Philippines said of the Red Cross:

The Red Cross in the Philippines has become more than a welfare organization... It has become a part of our national life.

While the value of the Red Cross cannot be reflected in a mere statement of figures, it is significant that more than one million of our children are members of the Junior Red Cross. There are well-established Red Cross branches in every province, and over 800 of our municipalities maintain Red Cross Municipal Auxiliaries. During the year 1932, ninety-two school dental clinics and fifty nursing services were operated in 45 provinces and Manila. Relief was rendered in one major and forty-one minor disasters, involving 134,538 persons. The Leper Rehabilitation Service extended relief and adjusted the personal and family problems of over 700 lepers and ex-lepers... Through these health and welfare activities, the Red Cross actually served more than half a million persons during the year.

SALVADOR

Annual Report

Among the activities mentioned in the annual report of the Salvadorian Red Cross for the year 1932-33, special prominence is given to the distribution of relief to the victims of the earthquake which, last May, damaged the western section of the country. On this occasion, the government entrusted the Red Cross with the allocation of the relief fund amounting to 12,000 colons. The Society had already placed garments to a value of 3,000 colons at the disposal of the governor of the stricken provinces.

During the period under review, the Junior Red Cross section was re-organized and several new groups were constituted.

The anti-tuberculosis dispensary maintained by the Salvadorian Red Cross has continued to do useful work and is attended by increasing numbers of patients.

The Society has recently renewed its surgical material for emergency cases.

SIAM

More Gifts for Red Cross

It is the custom in Siam for people to make donations to charitable objects in sign of mourning for close relatives. The most important of the Siamese Red Cross institutions, in fact—the King Chulalongkorn Memorial Hospital—was donated to the Society by the King's sons, after his death, by virtue of this custom.

In the course of the last few months, the Siamese Red Cross has received two more such gifts. H.R.H. Prince Chula of Siam, an honorary member of the Society, contributed 20,000 Bahts in memory of his father, while another member endowed the Red Cross hospital at Sri-Raja with two ferro-concrete reservoirs for rain water and an electric power-plant, also in memory of his father. The first-named has been awarded the Siamese Red Cross Medal of Appreciation (1st class) in recognition of this gift.

Funds for Health Centre

Last summer, a theatrical performance was arranged, under Royal Patronage, for the benefit of Red Cross Health Centre No. 3. The proceeds amounted to 269.56 Bahts.

SPAIN

A Nursing Ceremony

In December, the Red Cross dispensary in Madrid was the scene of the ceremony of presentation of certificates to volunteer nurses having completed their courses. This occasion also marked the opening of a new series of nursing courses.

At the same time, Señoritas Canal and Calleja, who represented Spain at the International Congress of Nurses last July in Paris and Brussels, gave a report of their mission.

UNITED STATES

Women Volunteers

At the last meeting of the Volunteer Service Committee of the American Red Cross—at which Mrs. Roosevelt, Mrs. Woodrow-Wilson and Mrs. Howard Taft were

present—the chairman (Miss Mabel Boardman) informed the members that 700,000 women had given their services to the Red Cross without payment during the preceding eighteen months. Their efforts represented a total of 17 million hours' work.

It is stated that, at the present time, the American Red Cross has a larger staff of volunteers than during the World War.

Junior News Letter

In addition to the two Junior Red Cross magazines published at national headquarters many American Red Cross Chapters issue a periodical "News Letter", the primary object of which is to serve as a medium of communication between the Junior Red Cross chairmen and the schools. Busy Junior chairmen in many Chapters have found the local News Letter—or Bulletin for teachers and Junior members—a time saver in directing activities and holding the programme together.

The bulletins range in size from a single sheet to eight or ten pages, and are either mimeographed or printed. The printed ones are occasionally illustrated with photographs. The cost, which depends on form, local printing charges and circulation, is usually met from the Chapter budget. In certain cases the work of printing or mimeographing is done in a school shop by the Juniors themselves, when the expense is materially reduced.

One group in Nassau County (New York) writes: "We have found new friends through a new kind of correspondence—the exchange of News Letters with Juniors in other Chapters".

A Busy Section

The Junior Red Cross Chairman of the San Diego Chapter describes as follows the achievements last year of the 7,540 Juniors affiliated to the Chapter :

For the community more than 350 garments from government cotton distributed by the Red Cross.

Vegetables from 33 gardens used for school lunches, food baskets and canning.

Four hundred toys distributed among the children in families under the care of the local Red Cross Chapter; scrapbooks, valentines and other gifts for country preventoriums and hospitals.

Eye-glasses and medical treatment for individual cases not provided for through other agencies.

International Service included 250 Christmas boxes, packed by 40 schools, for Guam, Hawaii and Alaska; 35 valentines for a school in Honolulu, and portfolios for France, Poland, Japan, Norway, Spain and Hawaii.

The Campaign against Pellagra

According to a report just issued by the chief medical advisor of the American Red Cross, deaths from pellagra in the United States have diminished by 50 per cent during the past year, in spite of the economic hardship which should normally have favoured its development. Pellagra, it will be recalled, is a deficiciency disease due to the lack of vitamin G in foodstuffs; it flourishes in a more or less endemic form in fourteen of the southern and eastern states of the U. S. A.

This phenomenal reduction in the incidence of the disease is ascribed to two factors: the introduction of home gardening and the distribution of powdered yeast. In the absence of an adequate diet rich in vegetables, yeast is the most valuable specific yet discovered for the treatment of pellagra. Both of these measures were introduced by the American Red Cross following the Mississippi floods in 1927, and have been continued ever since. The Society distributed nearly three-quarters of a million packages of garden seed and some 200.000 pounds of yeast between 1927 and 1931. The local health and agricultural authorities have continued this distribution on an even larger scale. The cultivation of kitchen gardens has been resuscitated by thousands of families in sections of the country where it had become a lost art, and powdered yeast has been adopted by these fourteen states as a permanent public health measure for the control of pellagra.

YUGOSLAVIA

Revised Statutes

The new statutes of the Yugoslav Red Cross, revised in accordance with the government decree of August 19th, 1933, relating to the constitution of the Society, came into force on January 1st, 1934, having been endorsed by the General Assembly and by the Yugoslav Government. A brief analysis of the more important changes was given in the Information Bulletin for December, 1933.

The office of Secretary-General has been abolished, and Colonel Marinkovitch has been nominated Director-General.

A Year's Junior Work

The statistical report of the Yugoslav Junior Red Cross for the school year 1933-32 reveals that, despite the obstacles to progress presented by the economic situation, the movement is still holding its own. There has been a slight drop in membership since the previous year—when the figures reached the highest point yet recorded—but, with 325,360 members spread over 11,027 classes in 3,304 schools, the Yugoslav Section can still lay claim to possessing one of the largest Junior enrolments in Europe.

Another symptom of the crisis is to be found in the fact that 40,355 children were provided with free meals in the Junior Red Cross school canteens as against 39,565 during the preceding year. In addition to this activity, the Yugoslav Juniors expended 299,097 dinars on different welfare projects, including help to needy comrades and their families. This money was derived from membership dues, sales of work, entertainments and donations.

The social activities of the Yugoslav Juniors cover a wide range of subjects: gardening, horticulture, the growing of medicinal herbs and plants, poultry and rabbit rearing, cinematograph and wireless sessions, and the organization of excursions. The health programme consists of the Health Game, lectures, gymnastics and games, and the installation of baths and pharmacies in schools. Bathing facilities were provided last year by 202 schools, and playgrounds were maintained by 980.

School correspondence is practised by 244 groups with foreign countries, and by 721 with other groups within the country.

During the period under review, the Yugoslav Juniors took part in three manifestations, viz., Junior Red Cross Day, Mothers' Day and Red Cross Day.

FROM CAPE COMORIN TO PESHAWAR

By NORAH HILL,

Organizing Secretary, Indian Red Cross Society.

I am tired of articles on the Red Cross and so are you. In India we help hospitals, do child welfare work, Junior Red Cross, disaster relief and health education. So do you. You don't want to hear any more about such things because you read, talk and think about them from morning till night. So do I. Yet the League editor has commanded me to write an article for the Bulletin about the Red Cross in India. What can we do about it? Let's play a game with the editor. I'll pretend to talk about the Red Cross but, under cover of this, I'll tell you something about India—about my travels across a large piece of the map of the world—about the glamour of the East, which you probably connect with Ramon Novarro but I'm inclined to think is more closely related to bad smells in Indian bazaars!

It begins at Aden, especially if you arrive there at night, as I did, and if you go on shore by moonlight and your car sticks in the sand and has to be pushed up the one street by enormous dusky Somalis who chatter and waste their breath instead of pushing. Waste! That's one of the characteristics of the East. In India we care nothing for Western efficiency —we waste breath, we waste money, we waste land, we waste lives. Above all, we waste time. I'm wasting some now but delightfully, you must admit. In India we generally do waste our time delightfully. If we are pleased—for instance, at wedding feasts—we waste several days in indulging our pleasure, not to speak of lakhs of rupees. If we are angry, we waste time in expressing our anger by describing minutely our adversary's ancestry down to the remotest in-laws. In England one word beginning with d... is often found sufficient to express anger but not so in India. We gorge ourselves on our anger, we expand with delight at our adversary's discomfiture. We draw a crowd, and this stimulates us to fresh effort. Time, what is it? A Western expression of which Einstein does not approve. I think India would welcome Einstein if he still requires a refuge.

Where was I? Still at Aden? No, by now we have reached Bombay, the Gateway of India. Here I ought to begin to tell you something about square miles and population. The latest census says 352 millions and I sometimes think, when I'm attending a Red Cross Baby Show, that the enumerators even then left out quite a lot. Let me tell you a story. A Red Cross worker was judging babies at a show, surrounded by chattering mothers and squalling children. Another worker came by and offered her help. ''Only one person could help me now'', replied the harrassed judge. ''Who''? queried the would-be helper brightly. ''Herod''! grunted the tired philanthropist.

The census has raised the question whether India is overpopulated or not and a leading medical authority considers that there will soon be a serious food-shortage, hence there is considerable interest in birth control. One of our women doctors speaking at a recent Red Cross Summer School put the teaching of safe birth-control methods as one of the three essentials in an improved maternity service, the other two being the provision of skilled midwives and the elimination of the dirty *dai*. If you walk down an Indian bazaar, you will see lots of advertisements of birth-control devices, and it is sad to reflect that, in the race between science and quackery, science always gets left at the post.

The Indian quack doctor is a remarkable person, though not very different perhaps from quacks all over the world, for, like his American and English and Italian brothers, he trades on his clients' gullibility. He squats there on the corner of a busy pavement with his rows of bottles in front of him, and he has a cure for every ill except credulity. The nastier the mixtures taste, the more popular they are, for the uneducated Indian believes implicitly in getting his money's worth. If he pays for medicine, he wants a nasty taste. If he pays 4 annas to see a film, he wants at least 4 reels and won't be put off with less. This hankering after quantity irrespective of quality has spread to our child welfare centres and in one centre I found the midwife being fined if she brought less than 15 infants into the world each month. The Good God provides, no doubt, when the fecundity of human parents fails, which rarely happens in India.

The curious superstitions and ideas which circulate about hospitals in the bazaars were illustrated lately by a lecturer describing an exploration party in the Himalayas. One of his porters, a hillman, had to go into a Mission Hospital in Kashmir to have a tumour operated on. When he came out, the doctor suggested that as he had received three months' hospitality, he might make a small contribution to their funds. ''Oh, no'', said the porter ''it is you who owe me something. Would you have taken this tumour from me if you had not been able to sell it in the bazaar!''

We are still at Bombay and I have told you nothing about square miles. I have travelled over thousands of miles in India, but they were not square. They were flat, horribly flat. Forget your India of the picture-books and imagine an unending dusty plain dotted over with cactus and other scrubby plants. That is

what you will see from the windows of the carriage as we travel north from Bombay to Delhi. An ugly country, one must admit, but when it does achieve beauty, it is so entrancing that you forgive the ugliness.

Lately I went down to the Malabar Coast, to British Cochin. This historic little port has been successively colonized by the Chinese (who left behind exquisitely fine fishing nets), by the Dutch (who left behind their homely architecture), by the Portuguese (who left behind their religion and, in some old families, their language) and lastly by the commercial British who are doing their best to leave behind a flourishing port. The journey through Cochin State was unforgettably beautiful—the flooded paddy fields reflecting tall palm trees in their red pools at sunset, the lithe South Indians, with little or no clothing on, sheltering themselves from the broiling sun under charming palm-leaf parasols as they splashed through the paddy after their oxen, and in the distance the blue Nilghiri Hills. Go up to Cotacamund, the hill station, and you travel by the "Blue Mountain Express". Even the name makes you forget the hot, dusty plains, and the mountains *are* blue, and there are also blue gum trees and gorgeous mimosas.

I hear the editor fidgeting restlessly. What about the Red Cross? Do I travel about India to admire paddy fields and mimosas? No, Mr. Editor, please. This is what I wrote in my tour report about Cochin: "The Cochin Red Cross Branch has about Rs. 400 in the Bank, and has carried on, with no Committee, giving occasional help to deserving cases, but quite separate from the Child Welfare Association, which runs a child welfare centre. At 5 p.m. Miss d'Cruz called and took us to the Welfare Centre, where the Welfare Association Committee was assembled. I gave a talk on Red Cross and Child Welfare and urged them to co-operate. The building is tolerable but the sanitary arrangements appalling. The staff consists of a midwife (away sick), and 2 ayahs, and the only work being done is a little crêche attended by about 10 children whose mothers leave them there while they work. Several were ricketty, all under-nourished and as there is no supervision it is doubtful if they get the food provided for them. We urged them to obtain a trained health visitor, but finance is a great difficulty". There you have it all—the lack of co-operation between voluntary organisations, the appalling ignorance of even the elements of sanitation, the high rate of sickness among the staff which makes it so difficult to run institutions, the poor, ricketty, under-nourished babies, and, last but not least, the poverty which prevents effective action. I can see them now, that pathetic little group of Cochin children, and through the open door I can see a heavenly backwater fringed by palms along which a barge carrying cocoanut fibre is being poled lazily towards the sea.

In the title I have mentioned Cape Comorin, so while we are in South India let us visit it. Here again we have waving palms, blue seas and blue skies. Cape Comorin is the southernmost tip of India, in the State of Travancore. On the furthest rock, splashed by the waves of two mighty oceans, there is a minute temple guarded by Hindu priests. Travancore State is matriarchal, i.e. the inheritance passes through the female line, although the actual ruler is a man. The present young Maharajah will be succeeded by his sister's son—his own son will be of little importance. This has resulted in women being honoured throughout the State and women's education is very advanced. In Trivandrum, the capital, I visited one of the best women's and children's hospitals I have seen in India, in charge of a Travancore lady doctor. This State at present has no Red Cross branch but my visit was connected with their desire to form one.

Let us now travel north to Delhi, India's capital. The present majestic New Delhi is the seventh city which has sprung up from the ruins of its predecessors. Cynics aver that the present enormous piles on which millions have been spent will make the best ruin of the lot! Be that as it may, New Delhi is an achievement which is never likely to be repeated, and every year its trees grow taller and its broad avenues leafier. Our Red Cross headquarters, a dignified square white building—the gift of His Highness the Nawab of Junagadh—of which we are justly proud, faces the Legislative Assembly. As India's legislators come out from their task of constitution building, they see flying before them the Red Cross flag. The federation which they are slowly building up we have already achieved, for British India and Indian India (the Princes' States) are all united under the Red Cross Flag, and we have branches in both.

If you want a contrast to the modern simplicity of New Delhi, drive along to the old Red Fort, famous in Mutiny history. Inside its sunny warm red walls, guarded by stone elephants, you come to an exquisite Mogul garden where Kings and Queens paced of old, and here you may sit facing the Pearl Mosque to dream of emperors and peacock thrones and to admire the delicate beauty of the carved tracery which throws its lacelike shadows across the marble floor. Delhi—old and new! Here the Junior Red Cross is waking up ancient Mohammedan madrassahs to a realization of a fuller, healthier life, and here—today—we are helping to cope with the misery in surrounding villages caused by the Jumna floods. Red Cross bales are slowly creaking out over the bridge by bullock-cart to some distant village where the water has left utter destitution and where help is urgently needed.

North again to Lahore, capital of the Punjab, the vigorous land of the Five Rivers, whose people are more energetic than the inhabitants of the warmer southern provinces, for the cold tang of the Punjab winter gets into their blood. The Punjab leads India in Red Cross affairs and a large proportion of our members live within its borders, but beware Punjabis! For other provinces are stealing up behind you. If you go out into a Punjab village during one of its agricultural fairs, you may meet Junior Red Cross members with their distinctive Punjabi musical instruments, singing songs about health and acting ''dramas'' to the villagers, who are always ready to gather at the first sign of a *tomasha*, which means any entertainment to gladden the heart and help one to forget the bad crops and that wicked old *bania*, who will only advance money to poor peasants at extortionate rates.

From Lahore we reach Peshawar by the Frontier Mail. Indian trains have fascinating names but none more romantic than this, for many young Englishmen who have served India have begun their career on the Frontier and it grips their hearts so that, when the time comes, they hate to leave this bleak, rugged, inhospitable country where every boulder may hide a rifle. For Indians too, the Frontier is romantic for their history has unfolded itself by way of that dusty white road between craggy mountains, which men call the Khyber Pass. Even Peshawar was circled by barbed wire when I went there, for there had been raids and rumours of war, and the Khyber Pass, alas! was forbidden country to any white woman. I saw the old Peshawar fort with its sentries pacing the walls, shading their eyes to gaze across country towards the hills whence cometh the enemy. I saw the Afghan Mission Hospital. From here Mrs. Starr set out to rescue Mollie Ellis when the tribesmen murdered the mother and carried off the daughter—an epic, that, not yet fully told. At the Red Cross office I saw piles of blankets and bandages and hot water bottles and all that makes the life of a sick man tolerable in a small frontier outpost hospital, where the standard equipment is said (probably with exaggeration) to begin and end with six beds and six coffins!

Well, we have travelled the length of India, and still the tale is not half told. Perhaps the editor will relent, and let me complete it another time. I said I was tired of articles on the Red Cross but don't for a minute believe that I am tired of the Red Cross itself. Mine is the finest job in Asia, and if you don't believe it, come out here and travel with me from Cape Comorin to Peshawar.

TRAINING OF INDIAN HEALTH VISITORS

HEALTH Visitors were first trained in India in 1918 at the Health School opened in Delhi by the Lady Chelsmford All India League for Maternity and Child Welfare. Candidates from all parts of India were admitted and after training were posted to various places by the Lady Chelsmsford League. Since then, the Delhi Health School has continued to train 12 to 14 Health Visitors annually, many of whom are doing useful work in different parts of the country. Certificates given are of two grades, known as ''A'' and ''B''. The holders of ''A'' grade certificates are capable of holding supervisors' posts. The subjects in which students are trained include Hygiene and Sanitation, Maternity and Child Welfare, Communicable Diseases, Social Economics, Dietetics, Psychology, Home Nursing, First-Aid and Physiology. Practical training is given at the Welfare Centre attached to the School: Home Visiting in the district, Teaching of country ''dais'' or Midwives, Record-keeping, Sewing of Infant garments, and Cookery for toddlers and invalids. The course is of 10 months' duration: candidates to be eligible for admission must possess the Diploma in Midwifery. General training is not insisted on.

The Old Students' Association keeps all its members informed of what goes on at their old School.

About three years ago, the Lady Chelmsford League was amalgamated with the Indian Red Cross and all its activities have since been carried on by that body.

In 1922, the Punjab Branch of the Lady Chelmsford League opened a Training School for Health Visitors at Lahore, on the same broad lines at the one at Delhi but with this difference that students were prepared for the 'B' grade certificate only. The Provincial Government gave a yearly subsidy towards the work till 1927 when they undertook to pay the entire expenses of the institution. This school provides for the training of eight students a year, all of whom are drawn from the Punjab and are later posted in the various districts of that province. The Punjab Branch of the Red Cross has aided by providing stipends for candidates to undergo a twelve months' course in Midwifery at a Women's Hospital with a view to training as Health Visitors. They have also given a large sum of money yearly from the beginning of the financial depression for the expansion of Maternity and Child Welfare work in the province. This has aided greatly the posting of qualified Health Visitors. Moreover, District Red Cross Committees have opened Welfare Centres, the expenses of which are provided by these Committees themselves. Out of a total of 49 Welfare Centres in the Punjab last year, 19 were being maintained by the District Red Cross Societies.

In Madras, the Red Cross of the province has lately opened a Health School which will serve the needs of the country in that part of India.

A voluntary society known as the ''Seva Sadan'' is responsible for a Health School in Poona. The Indian Red Cross Society has helped by giving them the services of one of their workers as Superintendent in charge. This lady has attended the Postgraduate Course in Public Health, organized by the League of Red Cross Societies in London, which augurs well for the future of this Health School.

PREPARING FOR THE XVth INTERNATIONAL RED CROSS CONFERENCE

By N. NAKAGAWA
Vice-President of the Japanese Red Cross

JAPAN was one of the first countries to become imbued with the Red Cross idea. The ''Haku-ai-sha'', from which was to emerge the Japanese Red Cross Society, was founded in 1877.

The people of my land are well acquainted with the spirit, the nature and the workings of the Red Cross. Outstanding facts having some bearing on the history of the institution—such as the lives of Florence Nightingale and Henri Dunant—are related in the school manuals. so that every child in Japan knows that he must respect and help the Red Cross, and for what reasons. That the lesson has been well retained is proved by the colossal Junior Red Cross membership enrolment in Japan: 1,909,824 members divided into 7,122 groups.

The people of Japan will never forget the moral and material aid extended to them by so many of the national Red Cross Societies at the time of the disastrous earthquake which reduced Tokyo to ruins in 1923. One of the chief results of their generous intervention was to cause the Japanese people to realize that the Red Cross is in very truth the symbol of humanity. It is for this reason that, not only the 2,600,000 adults and close upon two million children forming the membership of the Japanese Red Cross, but also the whole population, attach the utmost importance to the next international Red Cross Conference, which will meet for the first time in the Far East this coming autumn. All are following with keen interest the preparations for the conference because they hope its success will lend added lustre to the history of our country.

The first thought of the organizers was to arrange travelling facilities for the delegates, many of whom will be crossing the world to attend the conference. In this matter we have been fortunate in securing the generous co-operation of the railways, air lines and steamship companies, all of whom have agreed to grant every possible facility to delegates as well as to persons accompanying them. The hotel-keepers have been equally helpful in offering to reduce their charges for Red Cross delegates and their families.

Preparations for the conference are proceeding rapidly. We are confident that the delegates will be interested in the historical exhibit which is being organized by the Japanese Red Cross Museum, and in the Junior Red Cross exhibition. We hope, too, that the excursions to Hakone and Nikko which we are arranging for them, will provide them with a welcome diversion from the labours of the conference.

The local Red Cross committees of the towns through which the delegates will pass on their way to Tokyo are already making elaborate preparations for welcoming them, in collaboration with the town authorities, the Chamber of Commerce and the University. Representatives of the six large towns (Tokyo, Kyoto, Osaka, Yokohama, Nagoya and Kobe) met recently at the offices of the Tokyo Provincial Committee to decide upon the steps to be taken to make the stay of our distinguished guests as agreeable as possible. A wide variety of entertainments and festivals will be arranged in these towns in their honour, and they will be initiated, not only into the different phases of Red Cross activity but into the special civilization, atmosphere, habits and customs of Japan. It is planned, moreover, to admit the delegates to places not usually visited by the ordinary tourist, and to show them treasures which the casual visitor is not allowed to contemplate.

A special programme of amusements, designed to illustrate Japanese civilization and art, is being organized by the Ladies' Reception Committee in Tokyo for the wives and daughters of delegates. Similar committees are being formed in the other large towns.

It will be recalled that, ten years ago, the city of Tokyo was almost entirely destroyed by fire. We who were in charge of the work of reconstruction will take special pride in showing our visitors the new town which has risen from the ashes of the old.

It is our fervent hope that delegates will bring their families with them, and we can assure them that they will be welcomed by us with the same pleasure and enthusiasm as the delegates themselves.

I might add that autumn is the most agreeable of all the seasons in Japan. The climate is temperate, the sky unclouded and the air pure. Chrysanthemums and camelias will be in full bloom, and mountains and meadows will be steeped in the rich scarlet tints of autumn. Thus, Nature herself will join with us in welcoming our overseas guests to Japan.

Our intending visitors may rest assured that no effort will be spared to make their stay among us as agreeable and instructive as possible, so that, when the time comes for them to return to their own countries, they may carry away with them the feeling that the long voyage has been worth while and perhaps has constituted a memorable event in their lives

Eye Consultation at a Red Cross Clinic in Tunis

THE FRENCH RED CROSS IN AFRICA

By Dr. THIROUX,

Member of the U. F. F. Central Committee

THE Union of French Women (or U. F. F.)—one of the three constituent societies of the French Red Cross—was founded in 1881 for the purpose of looking after wounded soldiers on the battle field, and rapidly extended its action to the French colonies and protectorates. In 1882, it founded the first overseas committee of the French Red Cross at Algiers. Thirteen years later, a second committee was set up at Tunis. Each fresh colonial conquest led the U. F. F. to extend its sphere of action, working as auxiliary to the army medical services, and helping to protect the troops against the effects of climate and tropical diseases.

As the colonial authorities established closer contact with the inhabitants, it became increasingly evident that something must be done to combat the diseases which were decimating the populations of the African colonies, where defective hygiene was an important contributory cause. In this task, the medical authorities were able from the outset to count on the assistance of the Red Cross and its trained health workers. The cordial relations now existing between the French colonists and the African natives may fairly be considered as due, in no small measure, to the unselfish efforts of the U. F. F. to improve the health of the natives.

ALGERIA

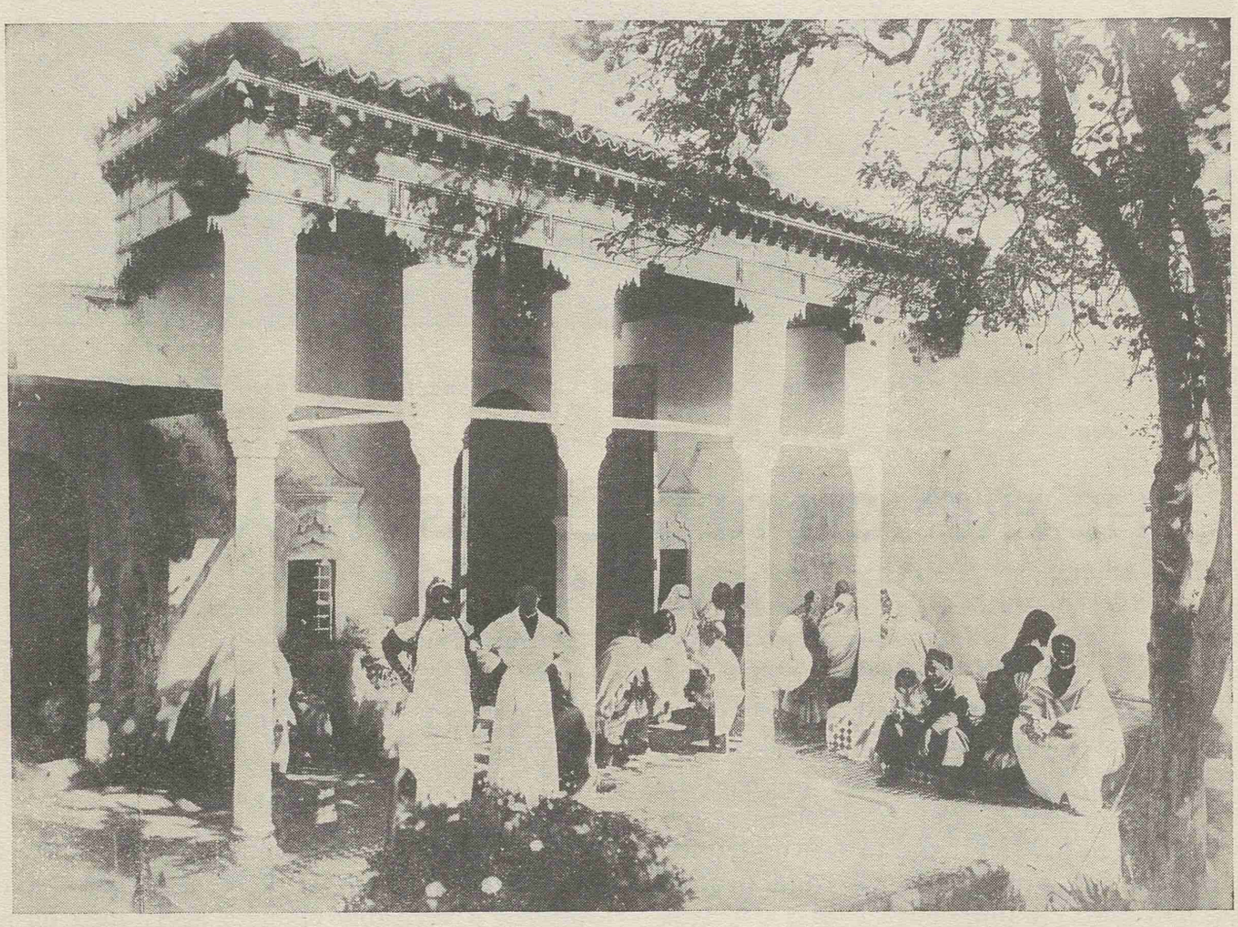
A hostel for non-commissioned officers is maintained by the U. F. F. at Algiers, and has proved a veritable boon to army men on leave. Between May 1932 and April 1933, it was used by 379 soldiers and, by dint of skilful management, it succeeds in paying its way in spite of the low charges made for accommodation.

A striking example of the work of the Red Cross for natives is provided by the U. F. F. dispensary at Algiers for adults and children. In the course of 1932, no fewer than 22,965 patients passed through the hands of the doctors and nurses attached to the institution; 1,599 mothers received the care appropriate to their condition, and 6,059 cans of milk were distributed.

Since 1931, the Algiers committee of the U. F. F. has been authorized to prepare candidates for the State nursing diploma, and several Arab girls have taken advantage of the Red Cross courses to train as qualified nurses. They complete their practical studies at the ophthalmological clinic administered by the U. F. F.

at Algiers; this part of their training, in a country where trachoma takes a heavy toll, is obviously of special importance.

The report of the African Health Conference, held at Cape Town in November 1932, points out the field of action awaiting the Red Cross in educating the natives in rural communities to take care of their health. It is obviously much more difficult to establish dispensaries in small centres, where funds and staff are rare, than in the towns where both are plentiful, and the U. F. F. soon realized that decentralization was the only possible solution of the problem. During the past five years, therefore, it has set up local committees and dispensaries wherever opportunity has offered.



Native Clinic at Rabat

At Oran, the U. F. F. maintains a convalescent home for soldiers of the Foreign Legion and a medical service for men wounded in the Moroccan campaigns. Here too, regular nursing courses are arranged for the training of native girls.

The child welfare clinic organized by the U. F. F. at Oran compares favourably with the best institutions of its kind in Europe, and is greatly appreciated by the local authorities. A wide range of subjects is covered: general medicine, ophthalmology, dermatology and venereal disease, oto-rhino-laryngology, tuberculosis, etc., and the staff of consultants is composed of the most skilful practitioners and specialists available locally.

Eight local committees have been formed in the Province of Oran, and are performing extremely useful work in child welfare, public health, social service, the organization of canteens and workrooms for the destitute, and relief to large families.

Similar activities are carried out in the province of Constantine, where there are six local committees in addition to the regional committee at Constantine itself. Here, the U. F. F. has been collaborating since 1925 with the National Child Welfare Committee in running ante-natal and infant consultations, and a milk centre. At Bône, the committee for the relief of mothers and children—which is directed by a lady doctor, assisted by two Red Cross nurses—deals with 110 to 120 cases a day.

Tunis.

The U. F. F. has established a large general clinic in a densely-populated quarter of Tunis, where from 350 to 380 consultations are given every day. Trachoma alone accounts for nearly 20,000 consultations a year. Over a hundred girls are taking a three-year course of instruction in order to become Red Cross nurses.

The four local committees installed on the territory of the Regency are extremely active. The Red Cross Heliotherapic Institute for pre-

tubercular children at Carthage is one of the most important health establishments in Northern Africa. The accommodation comprises dormitories, refectories, glass-enclosed and open verandahs for sun-bathing, classrooms and surgeries. As the institute is situated only 50 yards from the sea, brine baths are also available for the patients. There is a special wing for infectious cases. In 1932, an ultra-violet ray service was installed. The establishment has been greatly extended since its foundation in 1920, and is now capable of receiving as many as 1,500 children at a time. As soon as patients reach the age of 11 years, they are entrusted to French or Italian institutions to be taught a trade.

The general clinic at Sfax gives 10,000 consultations a year for trachoma, and performs eye operations when necessary.

In 1932, the dispensary at Sousse treated 24,377 natives and Europeans (including 21,052 cases of trachoma). The Sousse committee also organizes nursing courses.

Morocco.

Apart from its activities as an auxiliary of the army medical services, the U. F. F. in Morocco maintains a number of social and medical institutions. The Red Cross dispensary at Rabat serves not only as a maternity and child welfare centre but also as a training school for nurses. In 1933, a second dispensary was established at Salé for the treatment of otitis, bronchial affections and trachoma, at which a daily average of 130 consultations is given. In 1921, at the request of the Anti-Tuberculosis League, the Casablanca committee of the U. F. F. organized an anti-tuberculosis clinic. There is another committee at Meknès.

Madagascar.

The existence of the U. F. F. in Madagascar dates from the French conquest of the island in 1895. Today, it is one of the most highly-developed Red Cross branches in the French Colonies. In 1922, the U. F. F. began to concentrate its attention on child welfare, and, in collaboration with the local Health Service, organized at Tananarivo a large specialized dispensary for the treatment of native children. The number of consultations grew steadily from 12,000 in 1922 to 100,000 in 1933. By railway, motor-car or rickshaw, mothers flock to the clinic from fifty miles around.

In the case of persons coming from long distances, a difficult problem arose. Where the patient was suffering from some acute affection, such as pneumonia or dysentery, one consultation was obviously inadequate, and it would have meant certain death to let him return home. The parents, however, were unwilling to leave their children at the general hospital. In 1927, therefore, the president of the U. F. F. decided on the construction at Tananarivo of a children's hospital, where the mother could remain with her child in the same room but provide her own food. The success of this arrangement was such that it soon became necessary to triple the accommodation.

A similar degree of success has attended the efforts of the eight provincial committees, where the attendance at the baby clinics is continually growing. A scheme for using native nurses in public health nursing detachments is under consideration, and will shortly be brought into effect.

Togo.

In 1924, the U. F. F. took over the "Bureau togolais", the object of which was to co-operate in the work of the native maternity institutions, to assist doctors and midwives in caring for mothers and infants, to provide mothers with useful objects for their babies, to organize milk centres, and to publish and disseminate booklets containing advice for young mothers. These booklets serve at the same time as a record of the child's progress, since details are noted as to variations in weight during the first year, the observations made by the doctor at the time of birth and at subsequent consultations, and a list of grants made by the Red Cross. A duplicate of this information is kept in a register at the dispensary, in which are entered details relating to all the infants brought to the consultations. Since 1924, consultations for infants and toddlers have been organized in eight centres in collaboration with the Health Service. The attendances at the infant consultations in the larger centres increased from 34,675 in 1931 to 40,884 in 1932.

The natives now need no persuasion to bring their children to the Red Cross clinics, and are fully alive to their advantages. The success of these consultations and of the child welfare organization in the colonies is in direct relation to the efforts of the staff, and, in the case of private organizations, to the moral and material support afforded them by the local authorities.

The results achieved by the U. F. F. in the French Colonies are particularly illuminating in this respect. As science moves forward, the health and welfare work on behalf of the inhabitants of these colonies daily assumes vaster proportions, and the local authorities can no longer keep pace with it financially. It must therefore depend for its existence on such organizations as the missions and the Red Cross, which in turn are compelled to rely to a certain extent on governmental goodwill and financial support. It is to be hoped that, as the native populations become more prosperous and more appreciative of the value of this work to the well-being of their race, they will follow the example of the inhabitants of the Netherlands East Indies and the Philippines and assume financial responsibility for its maintenance.

THE GOLD COAST RED CROSS

By P. S. SELWYN-CLARKE,

Director, Gold Coast Branch, British Red Cross Society

THE Gold Coast Colony and its dependencies —the Colony of Ashanti, the Protectorate of the Northern Territories and those parts of Togoland under British Mandate—comprise a territory of nearly 92,000 square miles with a seaboard along the Gulf of Guinea. The Colony forms an important part of what is known as British West Africa. The population, consisting largely of members of negro and negroid tribes, numbers about three and a half millions. The white element is very small—rather less than 3,000.

Gold, diamonds and manganese contribute to the prosperity of the Gold Coast, but the main interest is agriculture and the export of cacao is still larger than in any other country in the world. The resources of the colony absorb a considerable amount of unskilled labour and the country could support at least three times its present population.

As in many comparatively primitive communities, where the laws of hygiene are not carefully observed owing to ignorance or neglect, the loss of life—particularly in children under one year and in mothers at child-birth—is very high. In such an area, ample scope exists for voluntary effort for the promotion of health and the prevention of disease, in connexion with public health propaganda, and to supplement the activities of the Government and of native authorities in these directions.

The first organization of this nature, which was launched to deal mainly with maternal and child welfare, came into being in 1927 under the name of "The Gold Coast League for Maternal and Child Welfare".

Briefly, this League aimed at encouraging members of both African and European communities to co-operate in visiting the Africans in their homes. Members gave advice to mothers as to the care of themselves, their children and their homes. They encouraged them to use the clinics when they were pregnant, or when their babies failed to progress satisfactorily or were ailing.

The League received recognition for its valuable work not only from the local Government but also from home.

THE FORMATION OF THE RED CROSS BRANCH

The very severe wave of economic depression which affected the Gold Coast, in common with many other parts of the world, provided the actual stimulus for the formation of a Branch of the Red Cross in the Colony.

It was found necessary to limit the Government medical service; a number of doctors were dismissed and the staff of women medical officers in charge of welfare centres was reduced by half. This had an obvious repercussion on the running of welfare centres and several ran the risk of being closed down. To prevent this a strenuous effort was necessary on the part of the general public, who had become accustomed to rely on the facilities provided by the centres. When the position of affairs and the aims and objects of the Red Cross movement had been carefully explained by the writer of this article to the members of the Gold Coast League, it was decided to widen the scope of its work. Membership of the League had been confined to women (except for secretarial posts) and it was now necessary to develop an organization which would include chiefs, missionaries, merchants, Government officials, in fact all classes of society without distinction of sex or colour.

INTERNAL ORGANIZATION

In April 1932, the Council of the British Red Cross Society gave the necessary permission for the League to form the nucleus of a Central Council Branch of the British Red Cross Society on the Gold Coast.

It was obviously important to secure from the outset the sympathetic support of the Government. His Excellency the Governor, Sir Shenton Thomas, was approached and graciously agreed to be the Patron; the Honourable G. A. S. Northcote kindy consented to serve as President, and was appointed in that capacity by Her Majesty the Queen, President of the British Red Cross Society.

The interest of the African community in the movement was stimulated by meetings with the paramount chiefs and their peoples, to which the general public was invited. At these meetings the aims of the new organization were explained, and it was made clear that the object was to promote health, to prevent disease, to give aid to the sick and suffering, and especially—by voluntary effort—to make it possible to maintain and extend the medical and allied services for women and children. Meetings were also arranged with the Director of Education and the heads of missions on the Gold Coast. Efforts were made to arouse the interest and enthusiasm of school inspectors, teachers and school children.

Considerable impetus was given to the collection of funds in the Colony by the gift of two hundred pounds from the Society in England.

CO-OPERATION WITH THE GOVERNMENT

The bulk of the medical and welfare work of the West African Colonies is carried out under direct Government supervision. Missionary effort has not yet been organized on any extensive scale. For this reason it was essential that the Red Cross Branch should work in close harmony with the Government. To secure this, it was arranged that the Director of Medical and Sanitary Services should be the Chairman of the Central Committee of the Branch, and that the leading Health Officers at headquarters and in the out-stations should be Joint Honorary Secretaries, usually in association with Africans. It was extremely important, however, not to give the impression that the new VOLUNTARY organization was a sub-department of the Government, designed to obtain free services and funds to finance government activities from the general public who were already paying taxes in various forms for government service.

It was generally agreed that, since the movement was intended to be mainly for the benefit of the African, Africans should be encouraged to take an active part in its management and should form the majority on the committees—holding the offices of deputy-chairman, joint honorary secretary, treasurer, auditor and so on.

Emphasis was also laid on the importance of securing adequate representation of every class of society on the general committees—chiefs, merchants, missionaries, educationalists, lawyers, doctors, leading members of the Gold Coast League for Maternal and Child Welfare (merged into the Red Cross) and Government officials.

THE FORMATION OF THE FIRST COMMITTEES

The Central Committee was formed at Accra, the capital of the Colony and the seat of Government, on the lines indicated above. Owing to the nature of its membership this Committee could be brought together from various parts of the Colony only at infrequent intervals. For this reason a smaller Executive Committee and a Financial sub-committee were elected from the members of the Central Committee. Divisions of the Branch were formed for the Central and Western Provinces of the Colony proper and for the Colony of Ashanti.

These Divisions were accorded a fair measure of autonomy; in cases involving Government buildings or staff, however, the schemes have to be submitted to the Executive Committee and Government approval obtained. In the case of the large Ashanti Division, the President appointed the Chief Commissioner, or Head of the administration, as Vice-President.

It is desirable to emphasise that local divisions should be allowed to work out their own policies as far as is practicable. Whilst co-ordination of effort in medical and health work should always be aimed at, a too rigid control by a central executive acts as a stranglehold, local enthusiasm is considerably damped and there is a rapid falling off in voluntary work and in funds.

Even if small sums should fail to be expended in quite the best way on every occasion, it is still better that a division should learn by its mistakes, rather than that interest in the work should flag, or disappear altogether, as a result of too much direction by a central executive. This, of course, does not mean undervaluing the need for close co-operation and co-ordination, but this must not be taken as the beginning and end of everything.

JUNIOR ORGANIZATION

In order to secure a constant stream of well-informed recruits alive to the ideas and ideals of the movement—and incidentally to make a valuable contribution to the promotion of health amongst school children and the teaching of hygiene—it is well worth while encouraging a Junior Red Cross movement locally. This was done in the case of the Gold Coast Branch. Great care was taken, however, only to allow Junior links to be formed in teaching institutions of repute, where the aims of the organization could be clearly understood, and where the work done was likely to be of real value and permanent in character. In practice, institutions were chosen in which a proportion at any rate of the scholars were training to be teachers. In this way, having learnt the ideals and aims of the movement and acquired proficiency in First Aid, Hygiene, Welfare Work and so on, fully-trained teachers should prove able to give valuable help in introducing the work in far-away out-stations.

OUTLINE OF ACTIVITY

A short outline of what has been achieved on the Gold Coast by the movement during its existence of just over a year may be of interest.

Two welfare centres in the Central and Western Provinces of the Colony which would otherwise have shut their doors were kept open with the approval and help of the Government, two Health Sisters being brought out by the local Divisions of the Red Cross to assist in operating them.

Other welfare centres and a maternity hospital —the only one on the Gold Coast—have benefited through additions and alterations of buildings, and in equipment, from funds collected locally. Further, a substantial start has been made in securing the financial provision for the construction of a maternity ward at the welfare centre and children's hospital at Kumasi, the capital town and seat of Government of the Colony of Ashanti.

An excellent, up-to-date X-Ray apparatus has been bought for use in Ashanti, thus obviating the need to send patients suffering from broken limbs or bullet wounds, etc., on a two-hundred mile journey by train to the sea coast

where the only other apparatus in the Colony is to be found.

Considerable help has been given to lepers in the form of clothes, blankets, comforts, reading and writing materials. Tools—in one segregation centre a recreation hut and chapel—have been furnished to patients in the main centres.

On the outskirts of Tamale, the seat of Government of the Protectorate of the Northern Territories, a small hostel has been built for derelicts, blind beggars and other unfortunates who are thus saved from the necessity of lying in the streets or market-places of the town.

A trained nurse-midwife was maintained at one welfare centre until she died from black-water fever. Funds could be made available without much difficulty by the local Red Cross to take over from the Government the whole financial burden of the midwifery service.

Detachments are in training in the teaching institutions to carry out field first-aid work when emergency arises.

FINANCE

The funds secured have been raised in various ways, sometimes with the help of the Junior Links. People are encouraged to become Associates of the Red Cross by giving a donation of 5/- and undertaking to pay a subscription of 2/6d or more per annum, or to become Life Associates by giving a donation of £2/10/- or more to the funds.

A special Red Cross week was held in April, 1933, to celebrate the first anniversary of the formation of the Gold Coast Branch, and during this week an appeal was made for funds for the movement. Plays, concerts, collections in churches, football matches, cinema performances, "fun fairs", cake, candy, jumble sales, sales of cookery books, etc. have all been exploited as means of obtaining funds.

The people of the country, both coloured and white, have come forward in a most generous spirit, and have already given several thousands of pounds.

The writer hopes that these notes may be of service to others who contemplate starting Red Cross work in the Colonies. He, himself, is convinced of the usefulness of the work.

In conclusion, he wishes to record his deep sense of gratitude for the kindly help he received in organizing the Gold Coast Branch both from the late Brig.-Gen. H.B. Champain, Secretary-General of the British Red Cross Society, and from Miss M. B. Cross, Director, Junior Red Cross, as well as from the Patron and President of the local Branch and numerous European and African men and women in the Gold Coast Colony.

MISCELLANEOUS ITEMS

Florence Nightingale International Foundation.

A meeting of the Provisional Committee for the proposed Florence Nightingale Foundation was held on Friday, January 12th, at the headquarters of the British Red Cross Society in London, with Sir Arthur Stanley in the Chair. The International Council of Nurses was represented by its president, Miss Lloyd Still, by its treasurer, Miss Musson, and by Mrs. Bedford Fenwick, Chairman of the Florence Nightingale Memorial Committee of the I. C. N. Mr. Ernest J. Swift, Secretary-General, Mrs Carter, Chief of the Nursing Division, and Sir Arthur Stanley, represented the League of Red Cross Societies.

It was agreed that the draft statutes, when amended and approved, should be circulated to the existing Florence Nightingale Memorial Committees, and that they should be invited to send representatives to a meeting, to be called during the first week of July, to adopt the Statutes and establish the Foundation.

The presentation of certificates to the nurses who have completed the Courses for the session 1933-34 will also be arranged for early July.

The Courses for the session 1934-35 will open on August 15th next. Applications for admission should be sent in not later than April 1st.

Hospital Libraries.

In according with a resolution passed at the International Hospital Congress, 1933, and with resolutions passed at meetings held respectively in St. George's Hospital and in the London School of Hygiene and Tropical Medicine, London 1933, a GUILD OF HOSPITAL LIBRARIANS has been formed.

At the latter meeting Dame Rachel Crowdy, R. R. C. was in the Chair, and it was decided that a temporary Business Committee should be formed, with Mrs. Roberts as Secretary. This Committee will draw up a draft constitution which will be laid before another meeting of Librarians in London as soon as possible.

Members from any part of the world will be heartily welcomed, and the membership subscription will be one shilling.

The Campaign Against Drugs.

Some time ago, the League of Nations' Assembly instructed the Advisory Commission on the Opium Traffic to compile data calculated to serve as a basis for the discussions of a conference to consider the possibility of limiting and controlling the cultivation of the raw material used for the manufacture of drugs.

With a view to procuring concise and easily comparable statistics covering a lengthy period, the Advisory Commission has issued two questionnaires, one relating to the limitation and control of opium-poppy growing and the production of raw opium, the other to the cultivation of cocoa-leaf.

In accordance with a resolution passed by the Council last September, the Secretary-General of the League of Nations has now forwarded these questionnaires to Governments for consideration.

LEAGUE HEADQUARTERS NOTES

Executive Committee The next meeting of the League's Executive Committee has been convened for April 27th, 1934, at the offices of the Secretariat in Paris, to consider the following draft agenda:

1. Report of the Secretary-General for the period October 1933—April 1934.
2. Report of Col. Draudt, Vice-Chairman, on co-operation with the International Red Cross Committee.
3. Report of the Finance Committee:
   Receipts and expenditures Oct. 1st 1933—May 31st 1934.
   Contributions received and promised for 1934.
   Action taken on resolution X adopted by the Executive Committee on Oct. 30, 1933.
4. Action taken on resolution XI of Oct. 30, 1933.
5. Reports to be presented:
   By the Executive Committee to the XIVth meeting of the Board of Governors;
   On behalf of the League to the XVth International Red Cross Conference.
6. Report of the Secretary-General on the programme of the Secretariat for the period April-December 1934.

Missions Mr. Ernest J. Swift, Secretary-General, accompanied by Mrs. Carter, Director of the League's Nursing Division, attended the meeting in London on January 12th last of the Provisional Committee for the proposed International Florence Nightingale Foundation, held under the chairmanship of Sir Arthur Stanley, Chairman of the British Red Cross Society.

While in London, Mr. Swift visited the headquarters of the British Red Cross. Mrs. Carter afterwards attended the meeting of the Committee of Bedford College for the organization of the International Nursing Courses.

Study Visits Mr. Rockenbrod, Director-General of the Luxemburg Red Cross, has completed a stay of some weeks at League headquarters, where he has been studying the activities of the Secretariat, more especially those connected with first aid on highways, Junior Red Cross, public health and child welfare.

Visitors General Chiriboga, Vice-president of the Ecuadorian Red Cross and representative of that Society on the Board of Governors of the League, recently paid a visit to the League's offices in Paris.

M. Dronsart, director-general of the Belgian Red Cross, came to Paris on January 10th and 11th last for the purpose of conferring with the League in regard to the possibility of establishing a blood transfusion service in Belgium on the lines of those already maintained by a number of other national Red Cross Societies.

Dr. Guimaraes, Treasurer of the Brazilian Red Cross and delegate of that Society to the League of Red Cross Societies, called on the Secretary-General before leaving for Brussels where he has a temporary mission to perform.

Professor Bernard Bouvier, member of the International Red Cross Committee, called at League Headquarters on January 12th, and M. Etienne Clouzot, Chief of the Secretariat of the International Committee, came to Paris for consultation with the League Secretariat on January 19th.

The Vice-Chairmen of the Board of Governors: Señor Conill (Cuba), the Marquis de Lillers (France), Col. Draudt, (Germany), and M. Yamanouchi (Japan) met with the Secretary-General on January 25th to advise on current questions of League policy.

Contributions to League Budget 1933 During 1933, contributions from National Societies to the League budget aggregated $163,788. Details of these contributions are given below. The items marked (1) denote contributions for 1932 received in 1933.

American Red Cross	128,000	dollars.
American Red Cross (spl.con.)	15,000	dollars.
Austrian Red Cross	10	£ sterling (1)
	225	Swiss Frs.
Australian Red Cross.	200	£ sterling.
Belgian Red Cross.	1,000	Belgas.
British Red Cross	750	£ sterling.
Canadian Red Cross	1,000	Canadian $
Chinese Red Cross	5,320	French Frs.
Costa Rican Red Cross	25	dollars.
Czechoslovak Red Cross	10,000	Cz. Kr.
Danish Red Cross	1,000	Dan. Kr.
Danzig Red Cross	20	dollars.
Ecuadorian Red Cross	2,100	French Frs.
Egyptian Red Crescent.	10	£ sterling.
Finnish Red Cross	200	dollars.
French Red Cross	25,000	French Frs.
German Red Cross	35,000	French Frs.
Greek Red Cross	24,000	Drachmae.
Guatemalan Red Cross	1,000	French Frs.
Indian Red Cross	3,000	Rupees.
Italian Red Cross	20,000	Lire.
Japanese Red Cross	10,000	Yen.
Latvian Red Cross.	5,000	French Frs.
Lithuanian Red Cross (1)	2,400	French Frs.
Mexican Red Cross.	200	Mexican $
Netherlands Red Cross	1,000	Florins. (1)
	1,000	»
Netherlands East Indies Red Cross.	250	Florins.
Norwegian Red Cross	1,200	Norw. Kr.
Persian Red Lion & Sun.	1,000	French Frs.
Peruvian Red Cross	1,000	French Frs.
Polish Red Cross.	8,000	Zloty.
Roumanian Red Cross	25,000	Lei.
Siamese Red Cross.	15,680	French Frs.
South African Red Cross (1)	20	£ sterling.
Spanish Red Cross.	25,000	Pesetas.
Swedish Red Cross	2,000	Sw. Kr.
Swiss Red Cross	1,000	Swiss Frs.
Turkish Red Crescent	50	£ sterling.
Venezuelan Red Cross (1).	2,000	French Frs.
Yugoslav Red Cross.	25,000	Dinars.

BOOK REVIEWS

A Manual of First Aid and Nursing, *Handledning vid Olycksfall och Sjukvard*, utgiven av Svenska Roda Korset. Andra Omarbetade Upplagan. 1933. Illustrated. Pp. 262.

The Swedish Red Cross has just published a second edition of its manual on accidents and nursing. It is admirably illustrated, and the table of contents enables the reader quickly to find exactly what he wants. The authors of this book have realized how futile it is to give effective first aid or nursing without some knowledge of anatomy, physiology, and the elements of hygiene. Accordingly, the first chapter is devoted to the structure and functions of the human body, and the second chapter to the elements of hygiene. Here a brief account is given of germs, air, light, water, heat, clothing, personal hygiene, foods, exercise, sleep and rest. The third chapter deals with wounds and their healing. In the fourth chapter an account is given of haemorrhages external and internal, and the means necessary to arrest them. The fifth chapter is devoted to fractures and dislocations, the sixth to dressings and bandages, the seventh to foreign bodies in various parts of the body, the eighth to burns, the ninth to injuries from exposure to cold, the tenth to injuries from electrical currents, and the eleventh to loss of consciousness. This chapter includes a brief account of hysteria and the treatment of persons who have been drowned, hung, or otherwise asphyxiated. The whole of the twelfth chapter is concerned with first aid to the apparently drowned. In the thirteenth chapter, the various methods of artificial respiration are described. The fourteenth chapter gives an account of the transport of the sick and injured. In the fifteenth chapter a description is given of the most commou infectious diseases and their treatment. The venereal diseases are dealt with in the sixteenth, and diseases of the teeth in the seventeenth chapter. The eighteenth and last chapter is devoted to home nursing. One of the many useful appendices is provided by Dr. F. Bauer who gives an account of the management and composition of a home medicine chest.

Handbook for Health Visitors in India, by Ruth Young, Maternity and Child Wel are Bureau, Indian Red Cross Society, Delhi, 1933.

As General J. D. Graham, Health Commissioner to the Indian Government, indicates in his preface, Miss Ruth Young, formerly attached to the Women's Medical Service of India, now directs the Red Cross Maternity and Child Welfare Bureau and acts as secretary to the Lady Reading School for Public Health Nurses at Delhi. From her immense store of scientific knowledge and experience acquired in the course of fifteen years of work among the women of India, Miss Young has derived the material for an excellent manual for health visitors. The difficulty, as the author herself explains, was to render it at once scientific and practical, and in this she has brilliantly succeded.

The book deals mainly with the protection of mother and child, but the bearing of this subject on the other tasks of the public health nurse is clearly explained.

THE LEAGUE
OF RED CROSS SOCIETIES

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(Japan Red Cross).

Secretary-General

Mr. Ernest J. SWIFT.

The Prevention of Blindness, by William Campbell Posey and Lewis H. Carris, National Society for the Prevention of Blindness (Archives of Ophthalmology, Nov. 1933, Vol. 10, pp. 621-630), New York.

Although blindness can, ni many cases, be prevented, it was not until 1908 that an organization was set up at New York to spread a knowledge of the necessary precautions against loss of sight. With the support of the Russell Sage and Rockefeller Foundations, this committee grew, 20 years later, into the National Society for the Prevention of Blindness. Thanks to the initiative of its founder, Dr. Lewis H. Carris, the year 1929 saw the creation of the International Union for the Prevention of Blindness, in the organization of which the League of Red Cross Societies played a leading part. Today, the movement has world-wide ramifications and counts upwards of twenty national Red Cross Societies among its membership.

The American Society for the Prevention of Blindness has now published a brief outline of its work, based on the collaboration of ophthalmologists and a large number of health and social service organizations. The following figures give an idea of the success attending its efforts: In 1908, twentysix per cent of blind schoolchildren owed their infirmity to ophthalmia neonatorum. By 1932, this proportion had fallen to seven per cent. Hundreds of classes for weak-sighted children have been organized and steps taken toprevent eye accidents in industry. Several ophthalmological clinics have been provided with social services.

The prevention of blindness is even more urgent in countries where trachoma is prevalent, and certain of the national Red Cross Societies have set up clinics (in some cases, travelling clinics) and are conducting an energetic campaign against the disease.

Le Gérant : B. de Rougé.

IMP. UNION, 13, RUE MÉCHAIN, PARIS.